

1. ☐ No **1998** Patient Services Surcharge Obligation2. ☐ No **1998** Covered Lives Assessment Obligation3. ☐ Covered Lives Report Submitted Separately by Fund or TPA**ANNUAL PAYOR REPORT**

NEW YORK STATE DEPARTMENT OF HEALTH
1998 PUBLIC GOODS POOL
 REPORT OF PATIENT SERVICES PAYMENTS AND SURCHARGE OBLIGATIONS

FOR THE JANUARY 1 THROUGH DECEMBER 31, _____ REPORT YEAR

PAYOR NAME _____

FEDERAL TAX ID# _____

TPA NAME (if applicable) _____

TPA FEDERAL TAX ID# _____

WHOLE DOLLARS ONLY

DESCRIPTION A	INPATIENT HOSPITAL B	OUTPATIENT HOSPITAL(2) C	FREESTANDING AMBULATORY SURGERY D	COMPREHENSIVE PRIMARY HEALTH CARE CLINIC(2) E	FREESTANDING CLINICAL LABORATORY F
1. 1998 Patient Services Payments Subject to the 5.98% Surcharge					
a. Current Year – <i>See Instructions</i>					
b. Prior Period Adjustment – <i>See Instructions</i>					
c. Adjusted Patient Services Payments (Line 1a plus 1b)					
d. Surcharge Liability @ 5.98% (Line 1c x 5.98%)					
2. 1998 Patient Services Payments Subject to the 8.18% Surcharge					
a. Current Year – <i>See Instructions</i>					
b. Prior Period Adjustment – <i>See Instructions</i>					
c. Adjusted Patient Services Payments (Line 2a plus 2b)					
d. Surcharge Liability @ 8.18% (Line 2c x 8.18%)					
e. Co-Payment and Deductible Surcharge Payments @ 8.18%(1)					
3. Total (Line 1d plus 2d plus 2e)					

4. Total **1998** Surcharge Obligation on Patient Service Payments (Line 3, Columns B through F). Carry forward to the Payment and Reconciliation Summary.

- (1) Enter all surcharges the third-party payor is voluntarily remitting directly for patient co-payment and deductible payments. See instructions for additional details.
 (2) Note that payments to hospital based laboratories or laboratories housed in comprehensive primary health care clinics must be reported in Column C (Hospital Outpatient Services) or Column E (Comprehensive Primary Health Care Clinic), respectively.

1998